

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43579

Registration District No. 712

Primary Registration District No. 4427

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Richland mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sely
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME

DONALD PELE WEST

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 7-1940
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

8

hr. min.

9. Birthplace

Richland
(City, town, or county)

(State or foreign country)

10. Usual occupation

Infant

11. Industry or business

12. Name

unknown

13. Birthplace

Richland mo
(City, town, or county)

(State or foreign country)

14. Maiden name

Alma West

15. Birthplace

Richland mo
(City, town, or county)

(State or foreign country)

16. (a) Informant

Helen West

(b) Address

Richland mo

17. (a) Buried
(Burial, cremation, or removal)

(b) Date thereof 12/17/40
(Month) (Day) (Year)

(c) Place: burial or cremation

Cath. Church

18. (a) Signature of funeral director

R. J. Luper

(b) Address

Richland mo

19. (a) Dec 16/1940
(Date received local registrar)

(b) Orville C. Oliver
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1940 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12-15-1940 to 12-15-1940, 1940;
that I last saw him alive on 12-15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Marasmus
malnutrition

Duration
all life

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

640
While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature R. J. Luper (M. D. or other)
Address Richland mo Date signed 1-10-40

RECEIVED

District Health Officer No. 5

District File Number 121 77

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.